New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15C000	A. BUILDING: _____ B. WING _____	C 10/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IVYSTONE SENIOR LIVING	7999 ROUTE 130 NORTH PENNSAUKEN, NJ 08110

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments Initial Comments: TYPE OF SURVEY: Complaint COMPLAINT #: NJ155915 CENSUS: 69 SAMPLE SIZE: 5 SURVEY DATE: 09/29/2022 to 10/01/2022 The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs, based on this Complaint Survey. The facility must submit a plan of correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.	A 000		
A1433	8:36-22.2 Comprehensive Personal Care Homes Each comprehensive personal care home shall comply with the following: N.J.A.C. 8:36-1 through 15, 16.8(c), 16.15, 16.16, 17 (except 17.5(a)4), and 18 through 22.Each comprehensive personal care home shall comply with the following: N.J.A.C. 8:36-1 through 15, 16.8(c), 16.15, 16.16, 17 (except 17.5(a)4), and 18 through 22. This REQUIREMENT is not met as evidenced by: COMPLAINT #: NJ155915	A1433		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15C000	A. BUILDING: _____ B. WING _____	C 10/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IVYSTONE SENIOR LIVING	7999 ROUTE 130 NORTH PENNSAUKEN, NJ 08110

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A1433	Continued From page 1 Based on observation, interview and record review, the Comprehensive Personal Care Home (CPCH) failed to comply with the following regulations as set forth in N.J.A.C. 8:36. These deficient practices can affect all residents in the facility. 1. N.J.A.C. 8:36-3.4(a)1 The facility failed to implement their policy and procedure for maintaining its Security Policy that the building is appropriately secured at all times, appropriately staffed at all times, and access to resident apartments will be limited to appropriate staff with securely locked doors for the protection of all residents of the facility after 9 p.m. in accordance with facility policy. 2. N.J.A.C. 8:36-17.1(a) The facility failed to maintain a safe environment as the facility failed to ensure its call system was functioning properly in the event a resident required help or assistance. 3. N.J.A.C. 8:46-17/1(b) The facility failed to ensure effective pest control services were provided to keep the facility free of mice. 4. N.J.A.C. 8:36-17.7 The facility failed to implement its Security Policy that the building is appropriately secured at all times, appropriately staffed at all times, and access to resident apartments will be limited to appropriate staff in order to prevent accident hazards as a result of non residents entering the building and disturbing residents throughout the night. The deficient regulations are as follows: 1. Reference N.J.A.C. 8:36-3.4(a)1 (a) The administrator or designee shall be responsible for, but not limited to, the following: 1. Ensuring the development,	A1433		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15C000	A. BUILDING: _____ B. WING _____	C 10/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IVYSTONE SENIOR LIVING	7999 ROUTE 130 NORTH PENNSAUKEN, NJ 08110

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A1433	Continued From page 2 implementation, and enforcement of all policies and procedures, including resident rights; Based on observation, interview, and facility policy review, the Executive Director (ED) failed implement and enforce. its Security Policy that the building is appropriately secured at all times, appropriately staffed at all times, and access to resident apartments will be limited to appropriate staff by ensuring entrance/exit doors remain locked in accordance with facility policy.in order to maintain the safety of all residents. Findings included: 1. On 09/29/2022 at 12:36 AM, the surveyor entered the facility through the adjoining ALP facility. The front doors were unlocked, and the surveyor was able to walk directly into the CPCH facility without being stopped. On 09/29/2022 at 1:10 AM, a Licensed Practical Nurse (LPN) stated that, to the best of her knowledge, the front doors had never locked. On 09/29/2022 at 1:20 AM, the Wellness Director (WD) was interviewed. The WD denied knowledge of "the details of the doors being unlocked." On 09/29/2022 at 4:25 PM, the Owner's representative was interviewed. The representative stated the owner bought the facility in NJ Exec Order 26.4b1 at which time there was a management company. Per the representative, the management company did not work out and he had been directly involved with the facility since NJ Exec Order 26.4b1 He stated the parts to fix the locking mechanism on the front door were ordered in NJ Exec Order 26.4b1 The representative stated	A1433		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15C000	A. BUILDING: _____ B. WING _____	C 10/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IVYSTONE SENIOR LIVING	7999 ROUTE 130 NORTH PENNSAUKEN, NJ 08110

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A1433	Continued From page 3 the issue was not addressed prior to NJ Exec Order 26.4b1 because there were so many issues to address at the facility. He also stated he was unaware of the contents of the facility's security policy. On 09/29/2022 at 5:07 PM, the surveyor interviewed Resident #2 residing in the Comprehensive Personal Care Home (CPCH). Resident #2 reported to the surveyor that the front doors to the facility had never locked. On 09/29/2022 at 5:25 PM, the surveyor interviewed Resident #1 of the CPCH. Resident #1 reported to the surveyor that the front doors had never been locked. Resident #1 stated, "They keep saying [the front doors] are going to be fixed. NJ Exec Order 26.4b1 " On 10/01/2022 at 11:00 AM, the surveyor interviewed the Executive Director (ED) over the phone. The ED stated in the NJ Exec Order 26.4b1 that she had been the ED, the front doors had never been locked. When interviewed about why she never addressed the front doors that did not lock, she stated the building was in receivership and there was no one to ask. A review of the facility's undated policy titled "Security" read in part, "3. All entrance shall be locked after 9 PM. 4. The doorbell shall be utilized for entry into the Residence after 9 PM." 2. Reference N.J.A.C. 8:36-17.1(a) (a) The facility shall provide and maintain a sanitary and safe environment for residents. Based on observation, interview, record review, and document review, the facility failed to	A1433		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15C000	A. BUILDING: _____ B. WING _____	C 10/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IVYSTONE SENIOR LIVING	7999 ROUTE 130 NORTH PENNSAUKEN, NJ 08110

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A1433	Continued From page 4 maintain a safe environment for the residents residing in the CPCH facility as the facility failed to maintain a reliable means for residents to call staff for immediate assistance if needed. This had the potential to affect all residents. Findings included: The surveyor reviewed the Resident Council minutes from NJ Exec Order 26.4b1 which revealed that during a Resident Council meeting held on NJ Exec Order 26.4b1 there was discussion regarding a grievance submitted by Resident #3 related to the pendants for the call light system not working. This was noted as an unresolved issue from the NJ Exec Order 26.4b1 Resident Council meeting. The issue regarding the non-functioning call light system was also referenced on the NJ Exec Order 26.4b1 meeting minutes. There was no documentation regarding efforts to address the issue or inform residents of any progress. Observations on 09/29/2022 at 12:36 AM, upon entry to the facility, revealed Licensed Practical Nurse (LPN) #1, Certified Medication Aide (CMA) #1, and Home Health Aide (HHA) #1 were at the nurses' station. HHA #2 was working on the NJ Exec Order 26.4b1 During an interview on 09/29/2022 at 1:01 AM, HHA #1 was asked about the call system and stated since the facility did not have a working call system, staff were required to complete rounds every two hours to check on the residents. HHA #1 stated most of the residents had roommates, so if someone was in NJ Exec Order 26.4b1 they would send the roommate for help. HHA #1 stated the staff was easy to find because they were usually at the nurses' station or in the common area.	A1433		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15C000	A. BUILDING: _____ B. WING _____	C 10/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IVYSTONE SENIOR LIVING	7999 ROUTE 130 NORTH PENNSAUKEN, NJ 08110

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A1433	Continued From page 5 Observation and interview on 09/29/2022 at 1:12 AM on the NJ Exec Order 26.4b1 revealed most of the resident rooms had their doors closed. HHA #2 was at the nurses' station on the unit and reported to the surveyor that there was no call system on the NJ Exec Order 26.4b1 and she was checking on the residents every two hours. When asked whether she opened each resident's room door every two hours to check on the residents, HHA #2 stated most of the residents slept through the night and if they needed anything, they would come get her. On 09/29/2022 at 1:17 AM, the surveyor interviewed CMA #1 who explained that there was no nurse call system and staff were supposed to check on the residents every two hours. The CMA stated the facility had tried a pendant call system within the last year but it did not work. On 09/29/2022 at 1:20 AM, the surveyor interviewed the Wellness Director (WD) who explained that the facility's new owners had said they were going to fix the call light pendant system but he did not know when. The WD stated a pendant system was attempted but there was something wrong with the programming and it wasn't working properly. He stated the call light system was too old, did not work, and had not been in use for many months. The WD stated that during the day, there was plenty of staff to check on the residents, and at night, the staff was supposed to be doing two-hour checks. He stated each staff person was to sign the logbook that was kept at the nurses' station that their two-hour checks were completed. On 09/29/2022 at 5:25 PM, the surveyor interviewed Resident #1 who explained that the	A1433		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15C000	A. BUILDING: _____ B. WING _____	C 10/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IVYSTONE SENIOR LIVING	7999 ROUTE 130 NORTH PENNSAUKEN, NJ 08110

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A1433	Continued From page 6	A1433		

call light system in his/her room did not work. Resident #1 reported that the two-hour checks at night did not happen. Resident #1 indicated, because the facility did not have a nurse call system, he/she had to get a NJ Exec Order 26.4b1 since there was no other way to get help. Resident #1 stated he/she came to the facility after being NJ Exec Order 26.4b1 Resident #1 stated, "Being here was NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 The resident was observed transferring from the wheelchair to bed NJ Exec Order 26.4b1 Review of the resident's "Admission Record" revealed Resident #1 had diagnoses including NJ Exec Order 26.4b1

NJ Exec Order 26.4b1

Resident #1's service plan, as of NJ Exec Order 26.4b1 indicated to immediately call for assistance if the resident NJ Exec Order 26.4b1 Per the service plan, Resident #1 was NJ Exec Order 26.4b1 with NJ Exec Order 26.4b1

On 09/29/2022 at 5:07 PM, the surveyor interviewed Resident #2 who was sitting in a wheelchair. The resident reported that there was a NJ Exec Order 26.4b1 and could not NJ Exec Order 26.4b1 Resident #2 stated it was NJ Exec Order his/her NJ Exec Order 26.4b1 so that he/she was able to NJ Exec Order 26.4b1 for a NJ Exec Order 26.4b1 Resident #2 stated nobody answered the phone at the desk and that there had been many nights when there was no nurse or no nurse aide in the facility. Review of Resident #2's "Admission Record" revealed the resident had diagnoses including type NJ Exec Order 26.4b1

NJ Exec Order 26.4b1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15C000	A. BUILDING: _____ B. WING _____	C 10/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IVYSTONE SENIOR LIVING	7999 ROUTE 130 NORTH PENNSAUKEN, NJ 08110

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A1433	Continued From page 7	A1433		

apnea. Review of Resident #2's service plan, as of NJ Exec Order 26.4b1 indicated Resident #2 was to be observed by nursing for any changes in the ability to participate in care and to report any changes in function with activities of daily living (ADLs). The service plan indicated to report to the nurse if there were any signs/symptoms of NJ Exec Order 26.4b1 NJ Exec Order 26.4b

On 09/29/2022 at 5:47 PM, the surveyor observed Resident #3 who was NJ Exec Order 26.4b1 with NJ Exec Order 26.4b1 Resident #3 reported that the facility had tried a pendant call system but it did not work. The resident stated, "I think they all just gave up when the NJ Exec Order 26.4b1 Resident #3 stated the Resident Council meetings were a NJ Exec Order 2 The residents NJ Exec Order 26.4b1 but nothing was ever done. Regarding emergencies at night, Resident #3 explained, NJ Exec Order 26.4b1

NJ Exec Order 26.4b1

Resident #3's "Admission Record" revealed the resident had diagnoses including NJ Exec Order 26.4b1

NJ Exec Order 26.4b1

On 09/30/2022 at 4:05 PM, the surveyor observed Resident #4 who was NJ Exec Order 26.4b1 with NJ Exec Order 26.4b1 Resident #4 revealed there was NJ Exec Order 26.4b1 and the resident NJ Exec Order 26.4b1 The resident stated he/she was NJ Exec Order 26.4b1 but after NJ Exec Order 26.4b1 no NJ Exec Order 26.4b1 so the resident called NJ Exec Orde Resident #4 stated there was no nurse call system in the facility. Review of Resident #4's "Admission Record" revealed the resident had diagnoses including NJ Exec Order 26.4b1 NJ Exec Order 26.4b1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15C000	A. BUILDING: _____ B. WING _____	C 10/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IVYSTONE SENIOR LIVING	7999 ROUTE 130 NORTH PENNSAUKEN, NJ 08110

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A1433	Continued From page 8 On 09/29/2022 at 6:13 PM, the surveyor interviewed the Certified Nursing Assistant (CNA) #1 who stated she had worked in the facility on the 3:00 PM to 11:00 PM shift for about NJ Exec Order 26.4b She stated she walked the halls constantly but admitted she would not know if someone was having an emergency unless someone came to get her. CNA #1 stated, "Around here, they have to come and find you." The CNA indicated there had not been a call system in place since she was hired. On 09/29/2022 at 7:00 PM, the surveyor interviewed the Assistant Executive Director (AED) who stated there was supposed to be a two-hour check system in place since the call system was not working. The night nurse was responsible for ensuring the checks were done. The AED stated the expectation was that even if the residents were sleeping, the two-hour checks were to be done. The AED stated the NJ Exec Order 26.4b1 about the residents calling but it was the residents' right to call if they wanted to. The AED confirmed the pendant call system had not been working since at least NJ Exec Order 26.4b1 She stated the system was installed in NJ Exec Order 26.4b1 but she did not believe the staff were properly trained on how to use the system. The AED indicated the WD was responsible for training. On 09/29/2022 at 7:16 PM, the surveyor interviewed the Executive Director (ED) who stated the facility purchased the nurse call pendant system about a NJ Exec Order 26.4b1 and the pagers "went haywire." She stated some of the pagers needed to be reconfigured and the batteries needed to be changed. The ED stated the staff were trained on how to use and clear the pagers, but there was no documented evidence of	A1433		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15C000	A. BUILDING: _____ B. WING _____	C 10/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IVYSTONE SENIOR LIVING	7999 ROUTE 130 NORTH PENNSAUKEN, NJ 08110

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A1433	Continued From page 9	A1433		

training that she could provide. Regarding the two-hour checks, the ED stated the night shift was to sign off in the Activities of Daily Living (ADL) notebook that they had completed their rounds. The ED indicated there was nothing to prevent the staff from just signing that they did the rounds; however, the residents were very [redacted] and the ED stated residents would come to her if they were not getting [redacted] on during the night. The ED stated the facility did not keep a grievance log and if someone had a complaint, it was addressed immediately. The ED stated the calls to [redacted] were excessive, and she felt it was a combination of residents who needed to be [redacted] one resident who [redacted], and residents who had a right to call [redacted] if they chose to.

Review of the facility's marketing materials revealed a, "state of the art" emergency response system was included in the facility's services and amenities.

Review of the "Resident Agreement Packet," included a "Community Handbook" section, which indicated on page 5 under Emergency Assistance,
"Residents at risk may be checked on regularly to ensure there has not been an emergency. In certain communities, there are emergency pull cords in the apartments, in other communities, an emergency call pendant may be supplied to you."

On 09/30/2022 at 12:30 PM, the surveyor interviewed the ED who stated the facility did not have a policy and procedure related to the call system.

3. Reference N.J.A.C. 8:36-17.1(b)
(b) The facility shall provide housekeeping,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15C000	A. BUILDING: _____ B. WING _____	C 10/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IVYSTONE SENIOR LIVING	7999 ROUTE 130 NORTH PENNSAUKEN, NJ 08110

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A1433	Continued From page 10	A1433		

laundry, pest control, and maintenance services, and shall provide assistance to residents who require assistance with these services in their residential units.

Based on observations, interviews, and facility policy review, the facility failed to ensure effective pest control services were provided to keep the facility free of [NJ Exec Order 2] This had the potential to affect all residents residing in the facility.

Findings included:

On 09/29/2022 at 12:45 AM, the surveyor observed a mouse running across the facility's lobby. At 1:07 AM, the surveyor observed a [NJ Exec Order 26.4] in the nurses' station.

Review of a "Maintenance Log," revealed 11 complaints had been submitted in an [NJ Exec Order 26.4b1] period regarding [NJ Exec Order 2] n the facility. The complaints dated back to [NJ Exec Order 26.4b1] The most recent complaint was dated [NJ Exec Order 26.4b1] The locations listed included multiple resident rooms as well as the Activity Room.

The surveyor reviewed the "Resident Council Notes" which revealed residents complained abou[NJ Exec Order 2]n the facility during meetings on NJ Exec Order 26.4b1

On 09/29/2022 at 1:07 AM, the surveyor interviewed Licensed Practical Nurse (LPN) #1 who reported the [NJ Exec Order 26.4] problem was "a lot better than it used to be."

On 09/29/2022 at 1:20 AM, the surveyor interviewed the Wellness Director (WD) who reported he knew the facility hired an exterminator but did not know how often they

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15C000	A. BUILDING: _____ B. WING _____	C 10/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IVYSTONE SENIOR LIVING	7999 ROUTE 130 NORTH PENNSAUKEN, NJ 08110

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A1433	Continued From page 11 came to the facility. On 09/29/2022 at 2:43 PM, the surveyor interviewed the Food Services Director (FSD) who reported there was still a [NJ Exec Order 26.4b1] problem but it was getting better. The FSD stated he found a [NJ Exec Order 26.4b1] in a kitchen trap about two weeks ago. On 09/29/2022 at 4:25 PM, the surveyor interviewed the facility owner's representative who was asked about the [NJ Exec Order 26.] problem and stated, "As we come into this change of season, they are everywhere." On 09/29/2022 at 5:07 PM, the surveyor interviewed Resident #2 who reported he/she had been a resident at the facility for about [NJ Exec Order 26] [NJ Exec Order 26.4b1] The resident stated there had been [NJ Exec Order] in his/her apartment and the only thing that had been done was the placement of [NJ Exec Order 26.4b1] n the apartment. The surveyor observed [NJ Exec Order 26.4b1] [NJ Exec Orde] in the apartment at this time. On 09/29/2022 at 5:25 PM, the surveyor interviewed Resident #1 who reported that he/she moved into the facility [NJ Exec Order 26.4b1] Resident #1 stated, "T[NJ Exec Order 26.4b1] [NJ Exec Order 26.4b1] [NJ Exec Order 26.4b1] Resident #1 stated there was a [NJ Exec Order 26.4b1] the facility. On 09/29/2022 at 5:53 PM, the surveyor interviewed Resident #3 who reported the facility was [NJ Exec Order 26.4b1] bout the [NJ Exec Order 2] nd that nothing had been done about the [NJ Exec Order 26.] problem other than a trap "here and there." On 09/30/2022 at 12:30 PM, the surveyor	A1433		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15C000	A. BUILDING: _____ B. WING _____	C 10/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IVYSTONE SENIOR LIVING	7999 ROUTE 130 NORTH PENNSAUKEN, NJ 08110

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A1433	Continued From page 12 interviewed Executive Director (ED) reported that she was not sure what the exterminator was doing about the [NJ Exec Order] other than the traps. On 09/30/2022 at 12:50 PM, the surveyor interviewed the Maintenance Director (MD) via telephone. The MD reported that he had walked the facility with the exterminator and they identified the building had areas where they needed to seal up some holes and place door sweeps but to date, nothing had been done. The MD indicated the [NJ Exec Order 26.4] problem was caused by the residents who "eat and leave food everywhere." The MD stated he had been employed by the facility for [NJ Exec Order 26.4b1] and the residents complained about the pests but they did not want to be part of keeping things clean. He stated, "We do the best we can, but this place is dirty." On 09/30/2022 at 1:20 PM, the surveyor attempted to contact the facility's pest control company via telephone. There was no answer. The surveyor left a voice mail requesting a return call, but no return call was received. During a follow-up interview on 10/01/2022 at 11:00 AM, the ED stated the facility always had an exterminator but the infestation had been so bad that, although she was not an expert, she felt it was just going to take time. The ED stated if the exterminator had discussed a [NJ Exec Order 26.4b1] mitigation plan beyond the traps, it would have been discussed with the owner and/or the MD. Review of an undated facility policy titled, "Insect and Rodent Control," revealed, "The Residence shall be maintained free from insects and rodents at all times. 1. Control services are provided by a reputable	A1433		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15C000	A. BUILDING: _____ B. WING _____	C 10/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IVYSTONE SENIOR LIVING	7999 ROUTE 130 NORTH PENNSAUKEN, NJ 08110

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A1433	Continued From page 13 pest control firm on a monthly basis. 2. All windows and doors shall have tight fitting screens and kept in good repair [sic] be self-closing, open outward and shall not be propped open." 4. Reference N.J.A.C. 8:36-17.7 The building and grounds shall be well maintained at all times. The interior and exterior of the building shall be kept in good condition to ensure an attractive appearance, provide a pleasant atmosphere, and safeguard against deterioration. The building and grounds shall be kept free from fire hazards and other hazards to resident's health and safety. Based on observation, interviews, and facility policy review, the facility failed to ensure the main doors to the Assisted Living Program (ALP) side of the facility which connects directly to the CPCH were capable of locking. The facility failed to implement its Security Policy ensuring the building is appropriately secured at all times, appropriately staffed at all times, and access to resident apartments will be limited to appropriate staff. Findings included: On 09/29/2022 at 12:36 AM, the surveyor entered the ALP facility. The front doors were unlocked, and the surveyor was able to walk directly into the facility without being stopped. On 09/29/2022 at 1:10 AM, a Licensed Practical Nurse (LPN) stated that, to the best of her knowledge, the front doors had never locked. On 09/29/2022 at 1:20 AM, the Wellness Director (WD) was interviewed. The WD denied knowledge of "the details of the doors being	A1433		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15C000	A. BUILDING: _____ B. WING _____	C 10/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IVYSTONE SENIOR LIVING	7999 ROUTE 130 NORTH PENNSAUKEN, NJ 08110

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A1433	Continued From page 14 unlocked." On 09/29/2022 at 4:25 PM, the surveyor interviewed the Owner's representative. The representative reported that the owner bought the facility in NJ Exec Order 26.4b1 at which time there was a management company. Per the representative, the management company did not work out and he had been directly involved with the facility since NJ Exec Order 26.4b1 He stated the parts to fix the locking mechanism on the front door were ordered in NJ Exec Order 26.4b1 The representative stated the issue was not addressed prior to NJ Exec Order 26.4b1 because there were so many issues to address at the facility. He also stated he was unaware of the contents of the facility's security policy. No provisional plan was developed or implemented to ensure the security of the residents while the parts were on back order due to supply chain issues. On 09/29/2022 at 5:07 PM, the surveyor interviewed Resident #2 who resided in the CPCH building. Resident #2 stated the front doors to the facility had never locked. On 09/29/2022 at 5:25 PM,, the surveyor interviewed Resident #1 who resided in the CPCH building. Resident #1 stated the front doors had never been locked. Resident #1 stated, "They keep saying [the front doors] are going to be fixed. NJ Exec Order 26.4b1 On 10/01/2022 at 11:00 AM, the surveyor interviewed the Executive Director (ED) over the phone. The ED stated in the NJ Exec Order 26.4b1 hat she had been the ED, the front doors had never been locked. When the surveyor inquired why this is so, she never addressed the front doors that did not lock. She stated the building was in	A1433		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15C000	A. BUILDING: _____ B. WING _____	C 10/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IVYSTONE SENIOR LIVING	7999 ROUTE 130 NORTH PENNSAUKEN, NJ 08110

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A1433	Continued From page 15 receivership and there was no one to ask. A review of the facility's undated policy titled "Security" read in part, "3. All entrance shall be locked after 9 PM. 4. The doorbell shall be utilized for entry into the Residence after 9 PM."	A1433		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
15C000 Y1	A. Building B. Wing Y2	11/15/2022 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
IVYSTONE SENIOR LIVING	7999 ROUTE 130 NORTH PENNSAUKEN, NJ 08110

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A1433	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-22.2	Completed	Reg. #	Completed	Reg. #	Completed
LSC	11/15/2022	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
10/1/2022	☐ YES ☐ NO